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RDT&E BUDGET ITEM JUSTIFICATION SHEET (R-2 Exhibit)									DATE February 1999	
APPROPRIATION/BUDGET ACTIVITY RDT&E/Defense-Wide/BA 3							R-1 ITEM NOMENCLATURE Cooperative DoD/VA Medical Research Program PE 0603738D8Z			
COST(In Millions)	FY 1998	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	Cost to Complete	Total Cost
Total Program Element (PE) Cost	18.437	5.915	0	0	0	0	0	0	24.349	24.349
Coop DoD/VA Medical/P464	18.437	5.915	0	0	0	0	0	0	24.349	24.349

(U) **A. Mission Description and Budget Item Justification**

(U) **BRIEF DESCRIPTION OF ELEMENT**

(U) Congress has added funding in this program element to the Department of Defense (DoD) budget request each year since 1987. Funds support a “core (general research)” program of cooperative medical research funded by DoD and managed by the Department of Veterans Affairs (VA). Core projects address medical research topics potentially of benefit to both Departments, such as emerging infectious diseases, trauma, stress, and exercise physiology. The DoD and VA jointly identify focus areas. Projects are selected through a independent peer review process, and are conducted by intramural VA and DoD physicians and scientists. Funds also support studies on emerging medical issues of importance to DoD and VA, for example, Gulf War veterans illnesses (GWVI) and hepatitis C research.

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(U) **Project Number and Title: P464 Coop DoD/VA Medical**

(U) **PROGRAM ACCOMPLISHMENTS AND PLANS**

(U) **FY1998 Accomplishments:**

(U) Established a focus areas for core projects in exercise physiology; a solicitation was prepared jointly by DoD and VA technical advisors and the process of independent merit review and project selection is in process. Additional focus areas in nervous system injury and host defenses to emerging pathogens are being planned. For all focus areas, research proposals are solicited from in-house DoD and VA investigators, and projects are selected for funding based on technical merit and relevance to the solicitation. Technical merit is determined through peer review by non-DoD, non-VA experts. (\$ 9.992 Million)

(U) Continued intramural, core research efforts on the health effects of combat stress and post-traumatic stress disorder, and GWVI-related conditions such fibromyalgia. (\$ 0.846 Million)

(U) Initiated intramural research to determine the prevalence of hepatitis C virus infection among U.S. military populations. This research, conducted by the Naval Medical Research Institute, was established in response to Congressional concern that the number of VA patients with hepatitis C antibodies has apparently increased during recent years, indicating an elevated risk of service-connected infections. (\$ 0.445 Million)

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(U) Continued intramural, epidemiological studies efforts concerning Gulf War Illnesses. These seven large studies, conducted by the Naval Health Research Center, are comparing symptoms, hospitalizations and reproductive outcomes between Gulf War veterans and non-deployed veterans of the same era. Efforts included a study to determine the feasibility of establishing an active-surveillance birth defects registry for DoD. Epidemiological studies demonstrated that Gulf War veterans who remained on active duty were not at increased postwar risk of unusual hospitalizations or of having children with birth defects. These studies are inter-Agency collaborations among DoD, Centers for Disease Control and Prevention, Environmental Protection Agency, Department of Veterans Affairs, and University of California at San Diego. Studies have been endorsed by the Institute of Medicine, presented to the Presidential Advisory Committee for Gulf War Veterans' Illnesses, presented to the GAO, and published in the leading peer-reviewed medical journals. (\$ 2.654 Million)

(U) Initiated the establishment of a program of multi-site, cooperative clinical trials to assess the effectiveness of protocols for treating veterans of the Persian Gulf War who suffer from ill-defined or undiagnosed conditions, such as chronic fatigue syndrome and fibromyalgia. Treatment protocols will include, but not be limited to, a multi-disciplinary treatment model, or which cognitive behavioral therapy is a component. (\$ 4.5 Million)

(U) **FY1999 Plans:**

(U) In accordance with the FY99 Defense Authorization Bill (H.R. 3616, Sec. 244), management of this program will be revised for FY99. The Department of Defense will guide the investment of these funds as executive agent for the program, acting through the U.S. Army Medical Research and Materiel Command and the Naval Operational Medicine Institute. Details of the FY99 management and investment strategies currently are being developed. (\$ 5.915 Million)

(U) **FY2000 Plans:**

(\$ 0 Million)

(U) **FY2001 Plans:**

(\$ 0 Million)

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(U) B. <u>Program Change Summary</u>	<u>FY1998</u>	<u>FY1999</u>	<u>FY2000</u>	<u>FY2001</u>	<u>Total Cost</u>
Previous Presidents Budget	14.421	0	0	0	14.421
Appropriated Value	19.500	6.000	0	0	Continuing
Adjustments to Appropriated Value					
a. Congressionally Directed Undistributed Reduction	-1.063	-0.085	0	0	
b. Rescission/Below-threshold Reprogramming, Inflation Adjustment	0	0	0	0	
c. Other	0	0	0	0	
Current Presidents Budget	18.437	5.915	0	0	24.352

Change Summary Explanation: Funding changes are due to congressional undistributed reductions and inflation adjustments.

(U) **Funding:** Funding changes are due to program budget and congressional adjustments. The FY1998 program of \$15 Millions was a congressional plus up.

(U) **Schedule:** N/A

(U) **Technical:** Funding changes are due to program budget and congressional adjustments. The FY1998 program of \$15 Millions was a congressional plus up.

(U) **C. OTHER PROGRAM FUNDING SUMMARY COST:** N/A

(U) **D. ACQUISITION STRATEGY:** N/A

(U) **E. SCHEDULE PROFILE:** N/A

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